



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. MARGARET MERCY HEALTHCARE CENTERS (NORTH CAMPUS)

City of Hospital: Hammond

Year Begin: 12/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-0004

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$263046355
Outpatient Patient Service Revenue	\$197819581
Total Gross Patient Service Revenue	\$460865936

2. Deductions From Revenue

Contractual Allowance	\$251790803
Other Deductions	\$28917862
Total Deductions	\$280708665

3. Total Operating Revenue

Net Patient Service Revenue	\$180157271
Other Operating Revenue	\$14938971
Total Operating Revenue	\$195096242

4. Operating Expenses

Salaries and Wages	\$72893908	Employee Benefits	\$29273864
Depreciation and Amortization	\$6057395	Interest Expense	\$4131191
Bad Debt	\$11733186	Other Expenses	\$84981982
Total Operating Expenses	\$209071526		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-13975284	Total Assets	\$93319186
Net Non-operating Gains over Loss	\$341419	Total Liabilities	\$13834156
Total Net Gains	\$-13633865		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$224222019	\$152651675	\$71570344
Medicaid	\$89525273	\$29115652	\$60409621
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$147118644	\$98941338	\$48177306
Total	\$460865936	\$280708665	\$180157271

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$516205	\$1061506	\$-545301

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$1230979	\$-1230979
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$59936	\$-59936

Number of Medical Professionals Trained	1246
Number of Hospital Patients Educated	109041
Number of Citizens Exposed to Health Education Messages	30451

Statement Six: Charity Statement

Hospital Charity Charges	\$26115801
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$9519288	
HCI Payments	\$0		
Subtotal	\$0	\$9519288	\$-9519288
Medicaid Shortfalls	\$14230990	\$32575045	
Subtotal	\$14230990	\$42094333	\$-27863343
DSH Payments	\$18,198,042		
Subtotal	\$32429032	\$42094333	\$-9665301
Medicare Shortfalls	\$51896804	\$78856400	
Other Government Programs	\$0	\$0	
Total	\$84325836	\$120950733	\$-36624897

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$684283	\$-684283
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$19419	\$-19419
Other Allocations	\$0	\$0	\$0